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**QUALIFIED MEDICARE BENEFICIARIES-Q**  
**MA-2130 QUALIFIED MEDICARE BENEFICIARIES-Q**  
**REVISED 01/01/15 - CHANGE NO.05-14**

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**I. INTRODUCTION TO MQB-Q**

MQB-Q is a limited Medicaid program for Qualified Medicare Beneficiaries. The eligibility requirements are less stringent, but Medicaid coverage is limited to payment of Medicare premiums, deductibles, and co-insurance.

**II. MQB-Q ELIGIBILITY REGULATIONS FOR NON-SSI BENEFICIARIES**

**A.** Meet all eligibility criteria in MA-2000, Non-SSI Eligibility Regulations, and

**B.** Be Enrolled in Medicare (Part A and/or B.

[Refer to MA-2410, Buy-In, for an explanation of Medicare enrolment procedures]

MQB-Q applicants who are already enrolled in Medicare Part B do not have to apply for Medicare Part A. Verify Medicare coverage by seeing one of the following:

1. SOLQ or TPQY (This is the most accurate)
2. The Medicare card
3. BENDEX (Part B is SMI entitlement and Part A is HIB entitlement)
4. EOB - Explanation of Benefits

Note: Inmates of public institutions are not eligible for Medicare.

**C.** Income

Countable income cannot exceed 100% of the current Federal Poverty Level (FPL) for an individual or couple. This level is adjusted in April of each year.

Refer to MA-2260, Financial Eligibility Regulations/PLA, for current income levels.

**D.** Resources

Countable resource limits:

Individual - \$7,280

Couple - \$10,930

Refer to MA-2260, Financial Eligibility Regulations/PLA, for current resource levels.

### III. MQB-Q SPECIAL PROGRAM REQUIREMENTS

#### A. Limited Coverage

1. Under the MQB-Q program Medicaid pays Medicare premiums, deductibles, and coinsurance for charges covered by Medicare. MQB-Q does not pay toward any services which are not covered by Medicare, such as prescriptions, eyeglasses, and dental care.
2. MQB beneficiaries do not qualify for medical transportation because Medicare does not cover routine transportation.
3. Medicare participating physicians and suppliers are required to file all Medicare claims and to accept Medicare assignment if the Medicare beneficiary is MQB eligible for dates of service.
4. ID Card

Individuals authorized for MQB-Q only, as well as dually authorized individuals, will receive a gray ID card.

#### B. Dual Eligibility

An individual (or couple) may meet the eligibility requirements for both MAABD and MQB-Q. This is known as dual eligibility.

An individual must have his eligibility determined under all categories for which he might qualify.

#### C. Application Processing Requirement

1. The application processing standard is 45 days.
2. If the applicant is not enrolled for Medicare (Part A or B) with SSA by the application processing standard or he is denied entitlement to Medicare, deny the MQB-Q application according to procedures in MA-2304, Processing the Application.

#### D. Classification

The classification is "Q." Individuals are MQB-Q, or MAABD-Q if dually eligible.

#### E. Certification Period

1. The c.p. always begins with the month of application.
2. The c.p. is 12 months for MQB-Q and MAABD-Q.

#### F. Authorization

1. For applications, authorization always begins the first day of the month after the month of disposition. The date of disposition is the date the DSS-8108 is sent.

2. For review, authorization begins the first month of the new c.p. if all eligibility criteria are met.

**G. Retroactive Coverage**

1. The a/r can never receive MQB-Q coverage retroactively since benefits can begin no earlier than the month after disposition.
2. If the a/r has a retroactive need for the months prior to the MQB-Q c.p., evaluate for coverage for the retroactive months in another aid program/category.
3. Dual eligibility for MAABD-Q can never apply to retroactive months.

**H. Cost of Living Allowance (COLA) Exclusion**

Exclude the monthly amount of the RSDI COLA from countable income in determining eligibility for January, February, and March of each year. Use the prior December amount to determine eligibility for January through March.

Effective April 1 begin counting the increased monthly RSDI benefit that was effective in January.

When the COLA increase is greater than the Federal Poverty Level, some Medicaid beneficiaries may lose eligibility or move to deductible status. In this situation, the most recent COLA must be disregarded in determining continued eligibility. If the individual remains eligible when the SSA COLA is disregarded, the disregard continues until the beneficiary loses Medicaid eligibility or becomes eligible without the disregard. (Evaluate for COLA Disregard during review of NCXPTR report "DHREJA POV POT ELIG FOR PROG REV). This report is generated with the implementation of the Federal Poverty level changes in April of each year when the COLA is greater than the FPL increase.

**I. Redeterminations**

1. A redetermination of eligibility is required prior to the end of the c.p.
2. Verify the following eligibility factors at every redetermination:

Medicare Entitlement

Living Arrangement

Reserve

Income

Need